

MARGIN RESERVED FOR BINDING

N. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICALS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH
County St. Mary's

Village or City Milestown (No.)

2 FULL NAME

MARY ANN MARIE ANDERSON

**STATE OF MARYLAND
CERTIFICATE OF DEATH**

Registration Dist. No.

St. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)
Female	White	Married

6 DATE OF BIRTH

....., 1883
(Month) (Day) (Year)

7 AGE

24 yrs. mos. ds. or min.?

IF LESS than
1 day hrs.

8 OCCUPATION

(a) Trade, profession or particular kind of work Housewife
(b) General nature of industry business, or establishment in which employed or (employer)

9 BIRTHPLACE
(State or country)

Maryland
John HALL.

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER
(State or country)

12 MAIDEN NAME OF MOTHER

Bethel Anne Nevith

13 BIRTHPLACE OF MOTHER
(State or Country)

Md.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Mrs. Guine Hall

(Address)

Milestwon, Md.

15 Filed

192

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH February 24, 1907., 1907.
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from 1905 to 1907,
that I last saw h alive on Feb 23d, 1907,

and that death occurred on the date stated above, at Am.
The CAUSE OF DEATH * was as follows:

Pulmonary Tuberculosis

(Duration) 2 yrs. mos. ds.

Contributory
Secondary

(Duration) yrs. mos. ds.
(Signed) Haller B. Dent M. D.

(Address) Darley, Md.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

Sacred Heart

DATE OF BURIAL

Feb 26, 1907

20 UNDERTAKER

Eugene Hall

ADDRESS

Dyn and Md.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

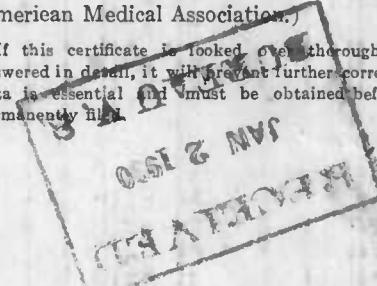
(Approved by U. S. Census and American Public
Health Association.)

Statement of Occupation—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer* (*retired 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. FOR VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may bestate under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)*

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



Name
In
Full

William Ashton

CERTIFICATE OF DEATH

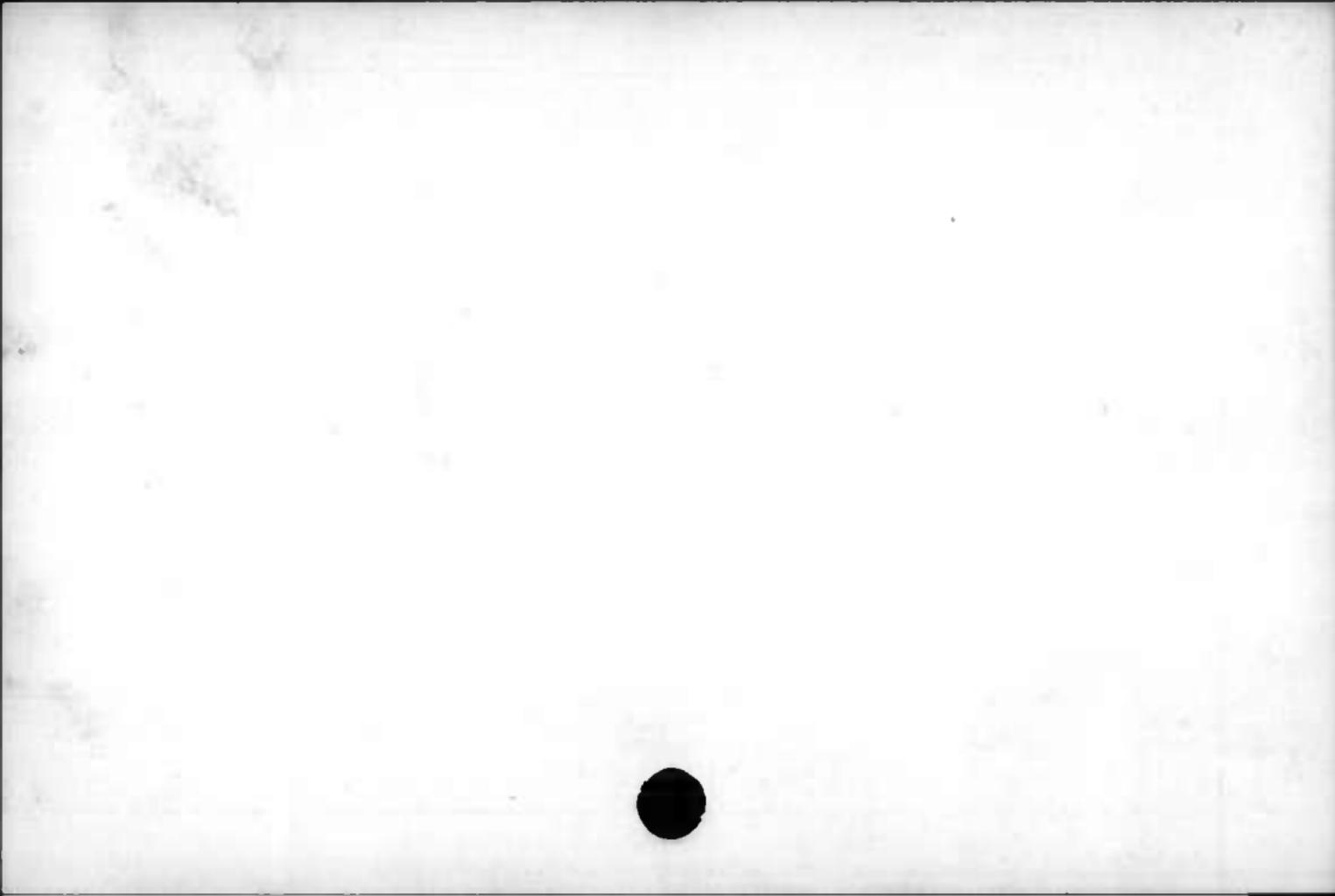
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	St. Marys -		MARYLAND	
Date of death	Month	Day	Years	Months	Days
Sex	Male	Color or Race	Colored	Birth-place	
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	James H. Ashton		Father's Birthplace	Md	
Mother's Maiden Name	Margaret Ashton		Mother's Birthplace	"	
Name of person giving information	How related to deceased				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Typhoid Fever -	(1)	How long
Immediate	Intestinal Hemorrhage -		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Address	
Accident or Suicide?		Margarete -	



Name
in
Full

Silas Biscoe

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Died at	Fordstown	St. Mary's	
Date of death	Month	Day	Years
1907	Feb	8th	Age 78
Months	Days		
Sex	Color or Race	Birth-place	
male	Negro	St. Mary's	
Occupation	Where Residing if not at place of death		
Labourer	St. Mary's		
Married, Single or Widowed	Name of Wife or Husband	Father's Birthplace	
	Mary Washington	Unknown	
Father's Name		Mother's Birthplace	
Unknown	Unknown	Unknown	
Mother's Maiden Name		Mother's Birthplace	
Unknown	Unknown	Unknown	
Name of person giving Information	How related to deceased		
Elijah McElheys			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

old age

154

How long

2 yrs

Immediate

General debility

How long

4 yrs

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

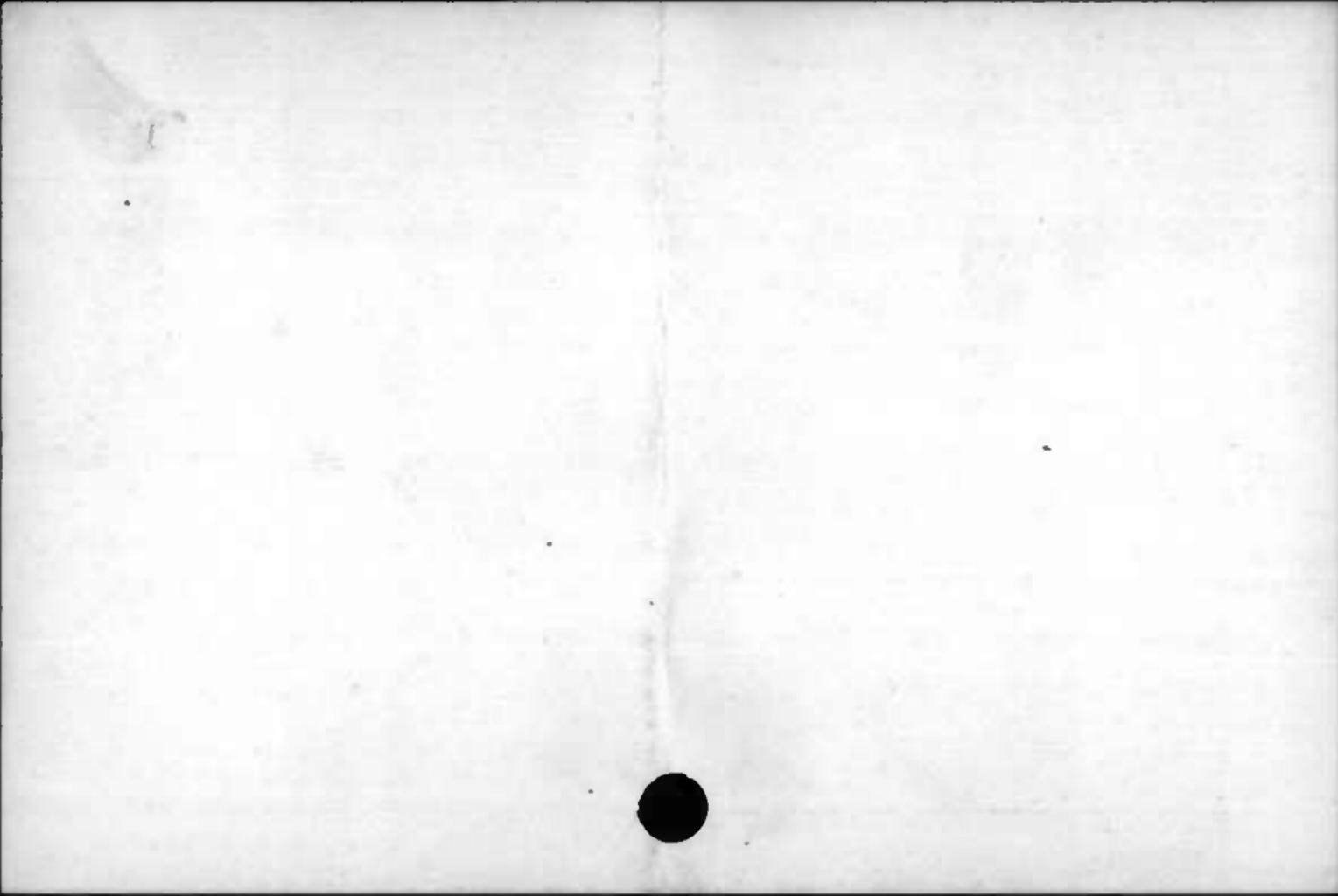
Address

Kerry Richardson

Great miles

Roxbury

Accident or Suicide?



Harry Cecil

Town

County

Died at

Blyden Factory

County

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1909

Zeh '09

Age

2 days

Sh'hay,

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

2

Husband
of

Wife

Father's
Name

John & Cecil

Mother's

Maiden Name

(age)

Helen Greenwich

How long sick

Two hours

Cause of

Primary

71

Death

Immediate

Convulsions

Accident, Suicide, Homicide

Reported by

Dr Henry Richardson

Address

Oceanside Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Hathie brick-plate
St. Mary's Co.

Motherie brick-plate
St. Mary's Co.

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

John T. Curley

CERTIFICATE OF DEATH

Died at

Town

County

MARYLAND

Date
of death

Month

Day

Years

Age

Months

Days

1907

2

26

66

Sex

Male

Color or
Race

Black

Birth-
place

Md

Occupation

Former

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Susan Curley

Father's
Name

Unknown

Father's
Birthplace

Unknown

Mother's
Maiden Name

Unknown

Mother's
Birthplace

Unknown

Name of person giving
Information

Phil Jones

How related
to deceased

none

CAUSES OF DEATH

Primary

Kidney Trouble

(120)

How long

12 mos.

Immediate

Asphyxia

How long

2 days

Are the name, age, sex, color, date
and place correctly given above?

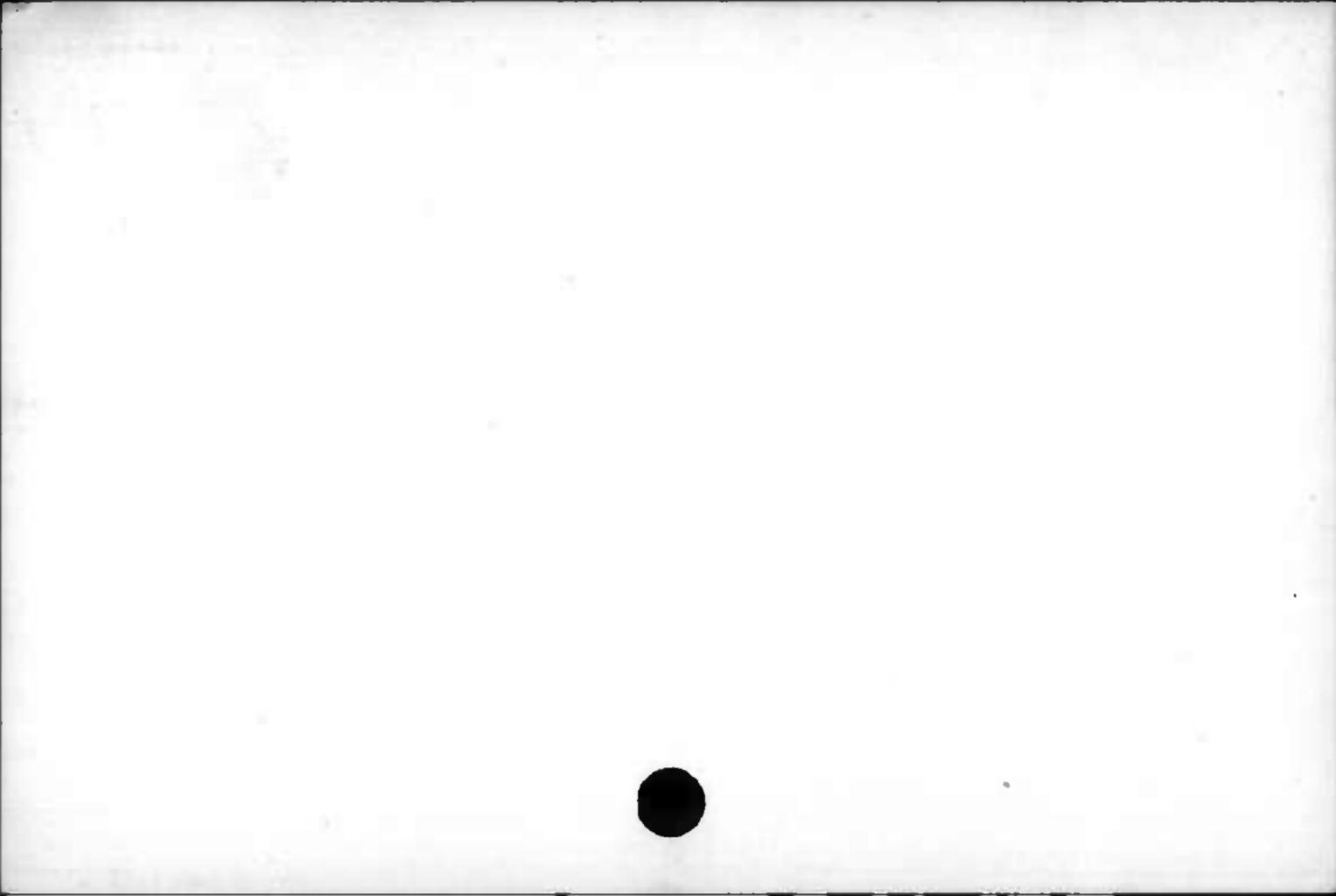
Signature of
Physician

Address

John T. Curley

Owingsville
Md.

Accident or Suicide?



Name
in
Full

Edgar Lacy Dempsey

CERTIFICATE OF DEATH

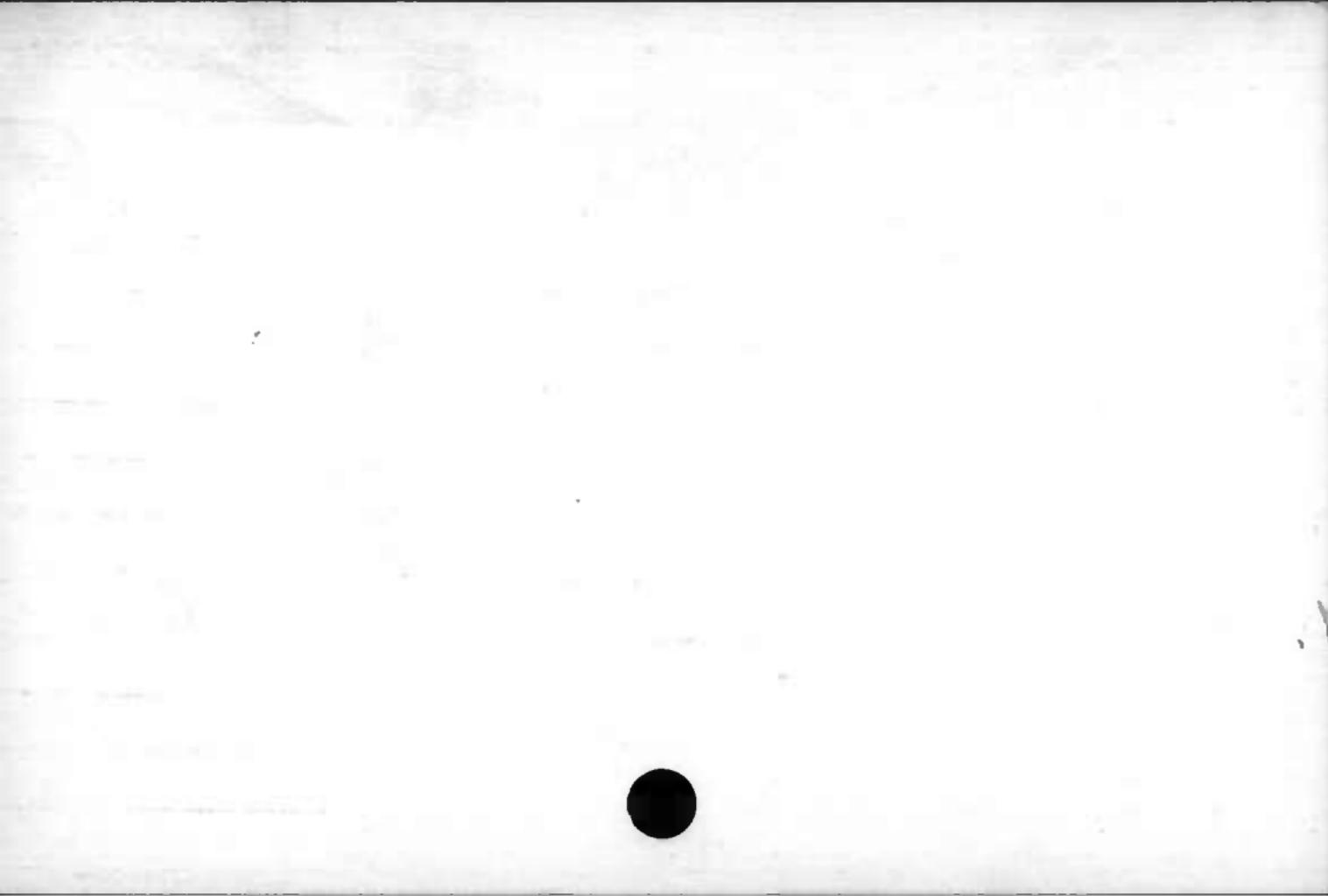
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Died at	Aberdeen	St. Mary's	
Date of death	Month	Day	Years
1907	2	22	Age 17
Sex	Color or Race	Birth-place	Days
male	white	D.C.	
Occupation	Where Residing if not at place of death		
Gystman			
Married, Single or Widowed	Name of Wife or Husband		
Single			
Father's Name	John Dempsey	Father's Birthplace	D.C.
Mother's Maiden Name	Unknown	Mother's Birthplace	
Name of person giving information	Clarence Malling	How related to deceased	uncle

CAUSES OF DEATH

166

PHYSICIAN OR CORONER	Primary	Gunshot wound of chest	
	Immediate	By his own hands.	
	Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	R. V. Palmer
	yes	Address	Palmer
	accident		med.
	Accident or Suicide?		



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at <u>Hollywood</u> Town		County <u>Maryland</u>		MARYLAND	
Date of death <u>1907</u>	Month <u>2</u>	Day <u>2</u>	Years <u>60</u>	Months	Days
Sex <u>Male</u>	Color or Race <u>Black</u>	Where Residing if not at place of death		<u>Salisbury</u>	
Occupation <u>Former</u>					Birthplace <u>Md</u>
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	<u>Unknown</u>				Father's Birthplace <u>Unknown</u>
Mother's Maiden Name	<u>Unknown</u>				Mother's Birthplace <u>Unknown</u>
Name of person giving Information	<u>Walter Borden</u>				How related to deceased <u>Son in Law</u>

CAUSES OF DEATH

Primary

La Grippe

(10)

How long

1 week

Immediate

Pneumonia.

How long

7 daysPHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

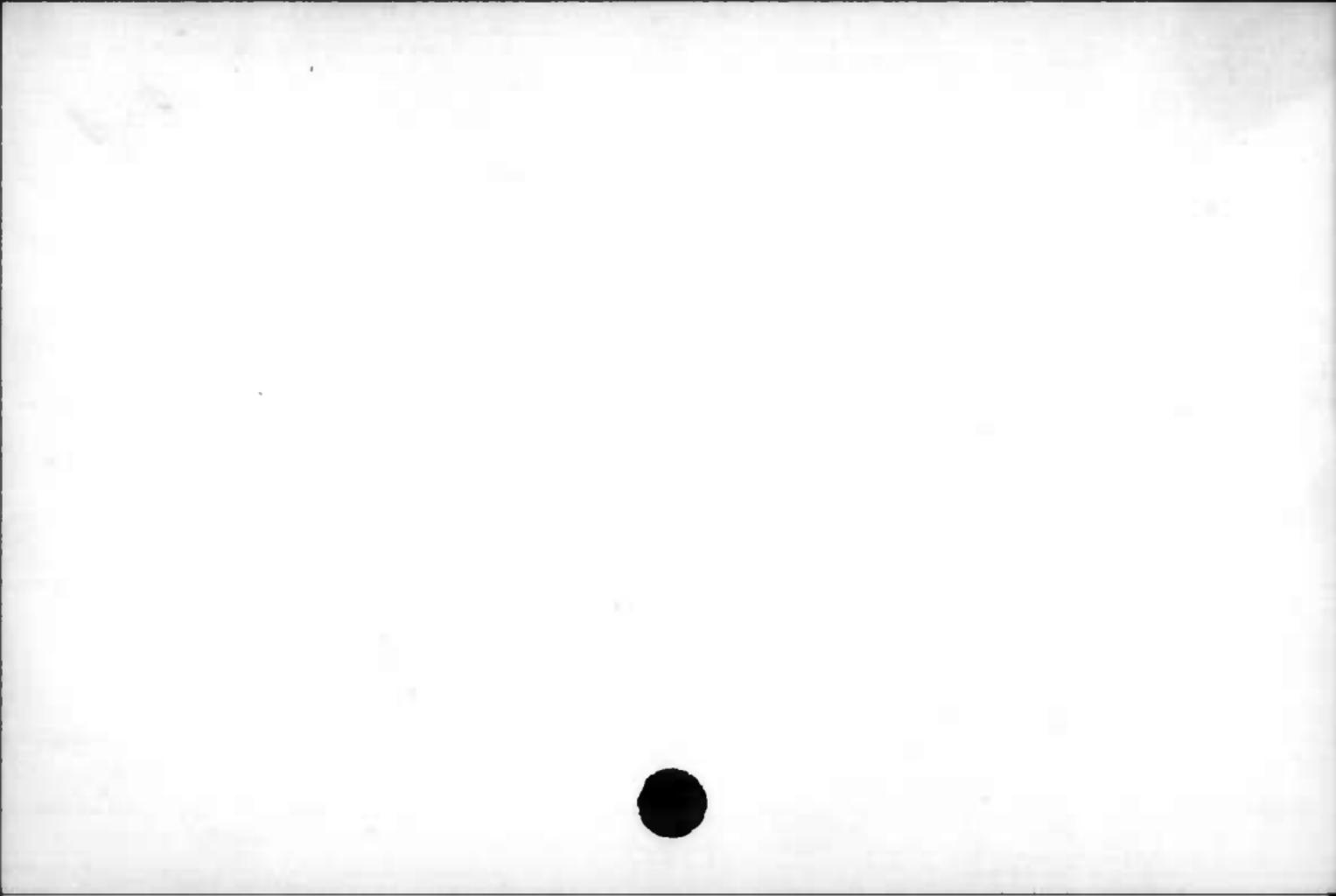
yes

Signature of Physician

Address

J. O. Borden.
Dorchester.
Md

Accident or Suicide?



Name
in
Full

Mary Hale

CERTIFICATE OF DEATH

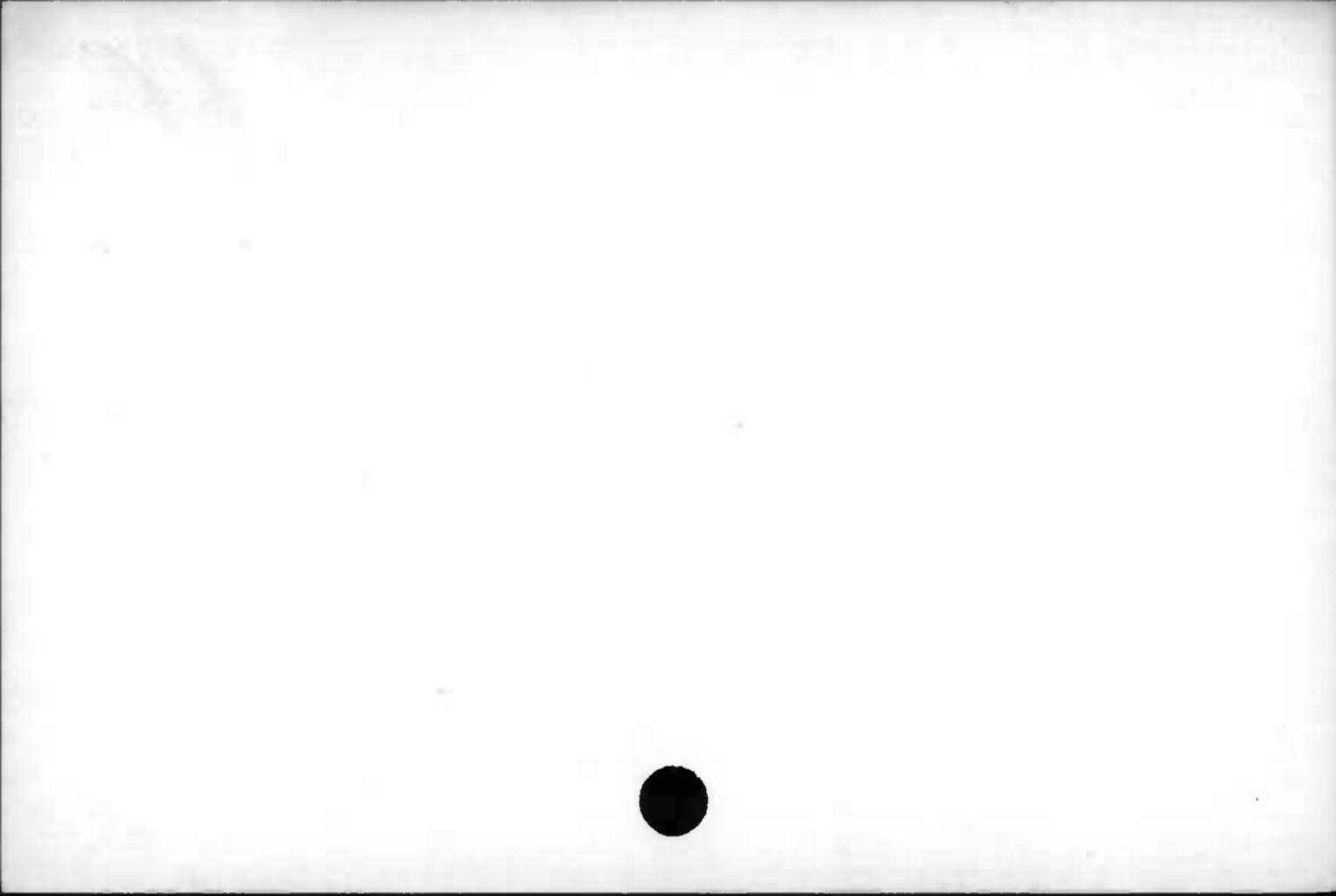
To BE ANSWERED BY
NEAREST FRIEND

Town	County				
Died at Laurel Home	Maryland				
Date of death 1907	Month 2	Day 15	Years 71	Months	Days
Sex Female	Color or Race Black	Birth-place Md			
Occupation Moshing & Ironing	Where Residing if not at place of death				
Married or Widowed	Name of Wife Husband	Father's Name Unknown	Father's Birthplace Unknown		
Mother's Maiden Name Unknown	Mother's Birthplace Unknown	Name of person giving information Eddie Brown	How related to deceased Grandson		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	La grippe	(10)	How long 2 weeks
Immediate	Pneumonia		long 3 days
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician J. D. Kling.	Address Office
Accident or Suicide?			Md



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

John Henry Holly					CERTIFICATE OF DEATH	
Died at	Town	County	MARYLAND			
Date of death	Month	Day	Years	Months	Days	
1907	2	18	64			
Sex male	Color or Race colored	Birthplace				
Occupation Groomer	Where Residing if not at place of death					
Married, Single or Widowed married	Name of Wife or Husband Mary Holly	Father's Birthplace				
Father's Name Wilie Holly	Mother's Birthplace					
Mother's Maiden Name Jane Holly						
Name of person giving information Lewis Holly	How related to deceased Son					

CAUSES OF DEATH

Primary

64

How long

Immediate

Bear & die due to cerebral hemorrhage

How long

18 hours

Are the name, age, sex, color, date and place correctly given above?

yes

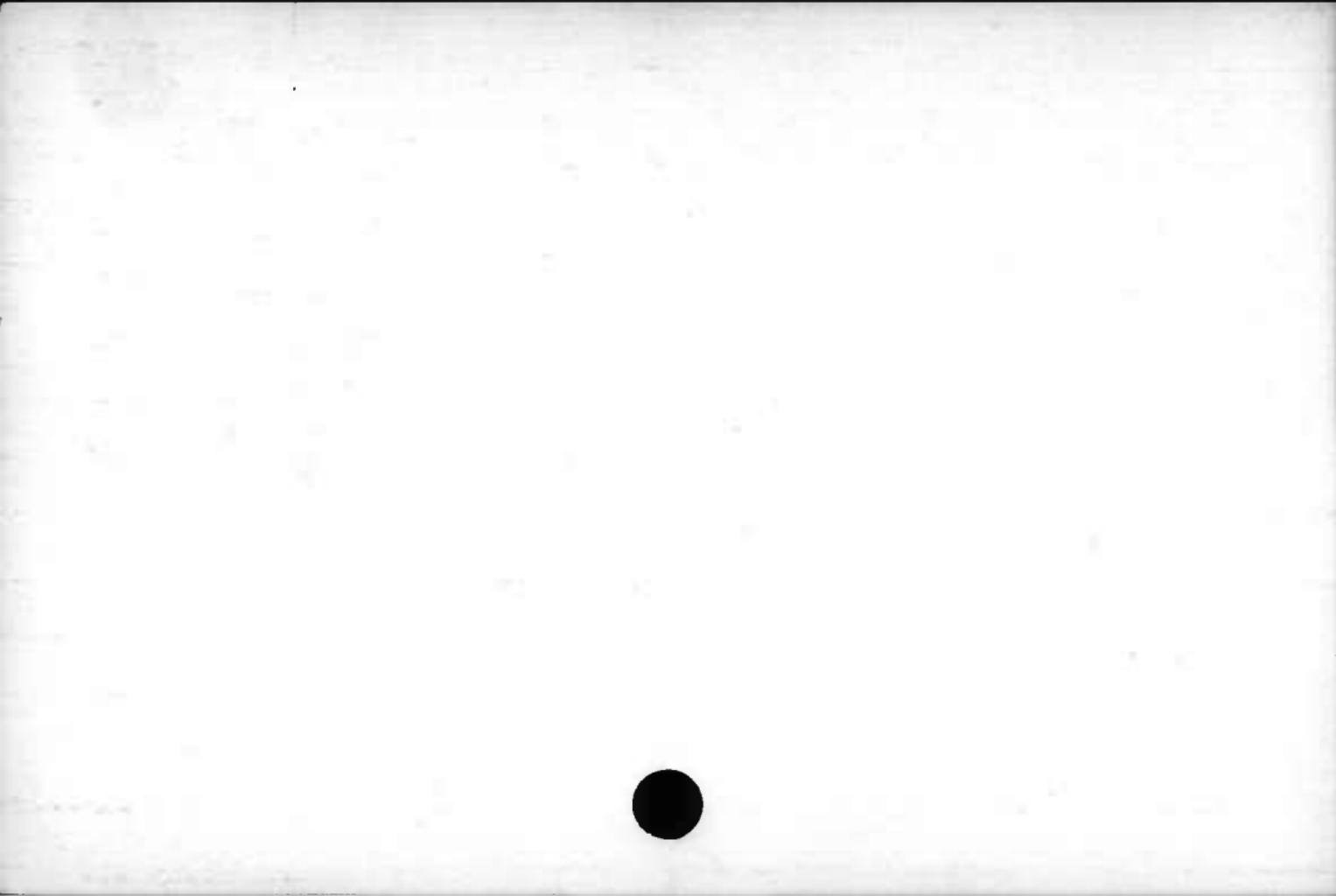
Signature of Physician

Ross V. Palmer

Address

Palmer
and

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

<i>Joseph Lawrence</i>					CERTIFICATE OF DEATH		
Town	County						
Died at	St. Mary's	County					
Date of death	Month	Day	Years	Months	Days		
1907	Feb	8 th	87				
Age							
Sex	Male	Color or Race	<i>Unknown</i>	Birth-place	<i>St. Mary's Co.</i>		
Occupation	Where Residing if not at place of death		<i>Leon Penmanville</i>				
Married, Single or Widowed	Name of Wife or Husband		<i>Mary & Sally</i>				
Father's Name	<i>Unknown</i>		Father's Birthplace	<i>Anderson</i>			
Mother's Maiden Name	<i>- Unknown</i>		Mother's Birthplace	<i>Unknown</i>			
Name of person giving information			How related to deceased				

~~CAUSES OF DEATH~~

PHYSICIAN & CORONER

Primary

How long

Immediate

How long

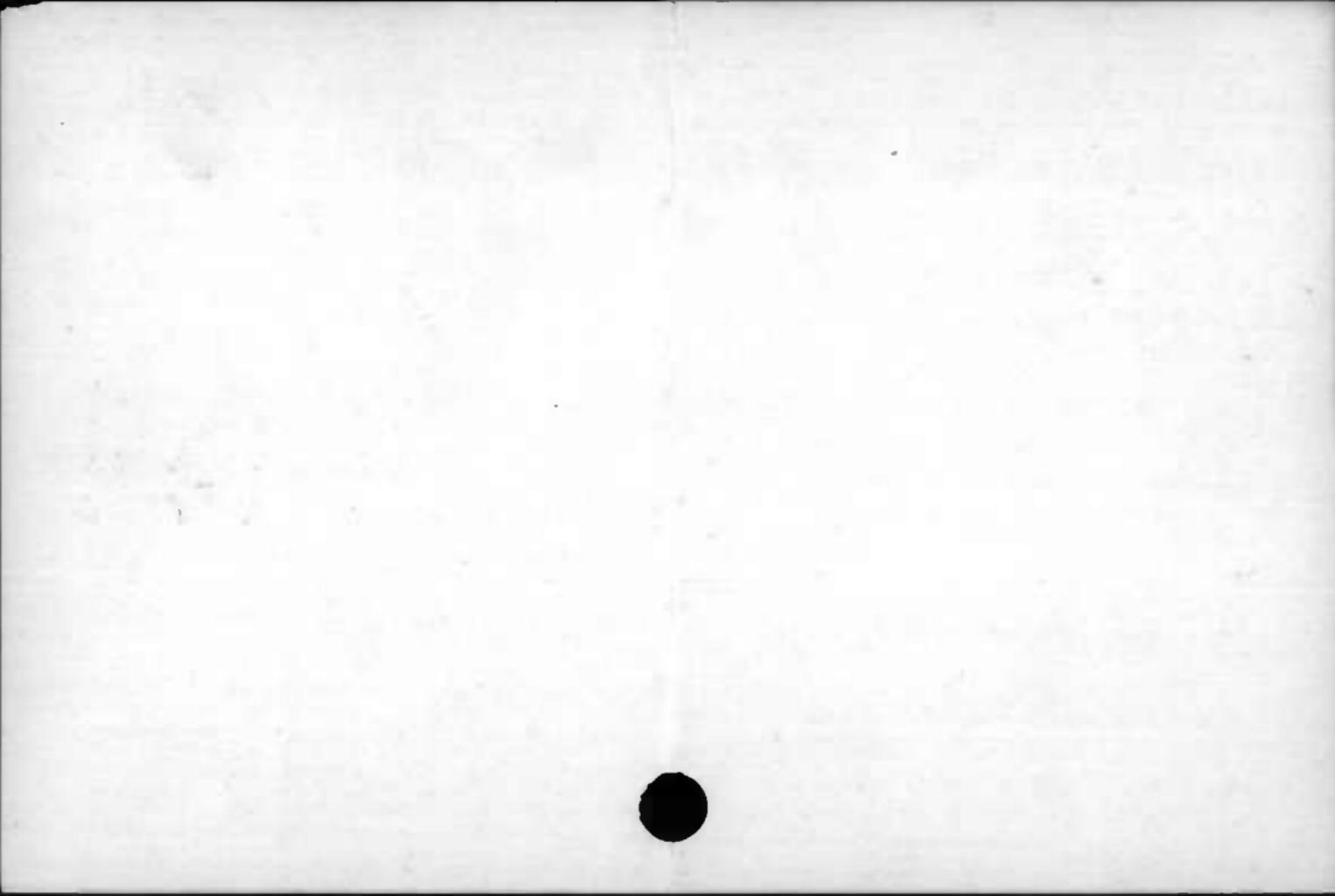
Are the name, age, sex, color, date
and place correctly given above?

24

Signature of
Physician

Address:

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

MARYLAND

Died at <u>Mulberry Fields</u>		Town	<u>Mason</u>	County		
Date of death <u>1907</u>	Month <u>Feb.</u>	Day <u>8</u>	Age <u>21</u>	Years	Months	Days
Sex <u>Male</u>	Color or Race <u>Colored</u>			Birth-place <u>St. Mary's Co., Md.</u>		
Occupation <u>Sailor</u>	Where Residing if not at place of death					
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband				Father's Birthplace	
Father's Name				Mother's Birthplace	<u>St. Mary's Co., Md.</u>	
Mother's Maiden Name <u>Elise Mason</u>				How related to deceased	<u>Cousin</u>	
Name of person giving information <u>Arthur Blockiston</u>				27		

CAUSES OF DEATH

Primary

Pulmonary Tuberculosis

How long

12 months

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

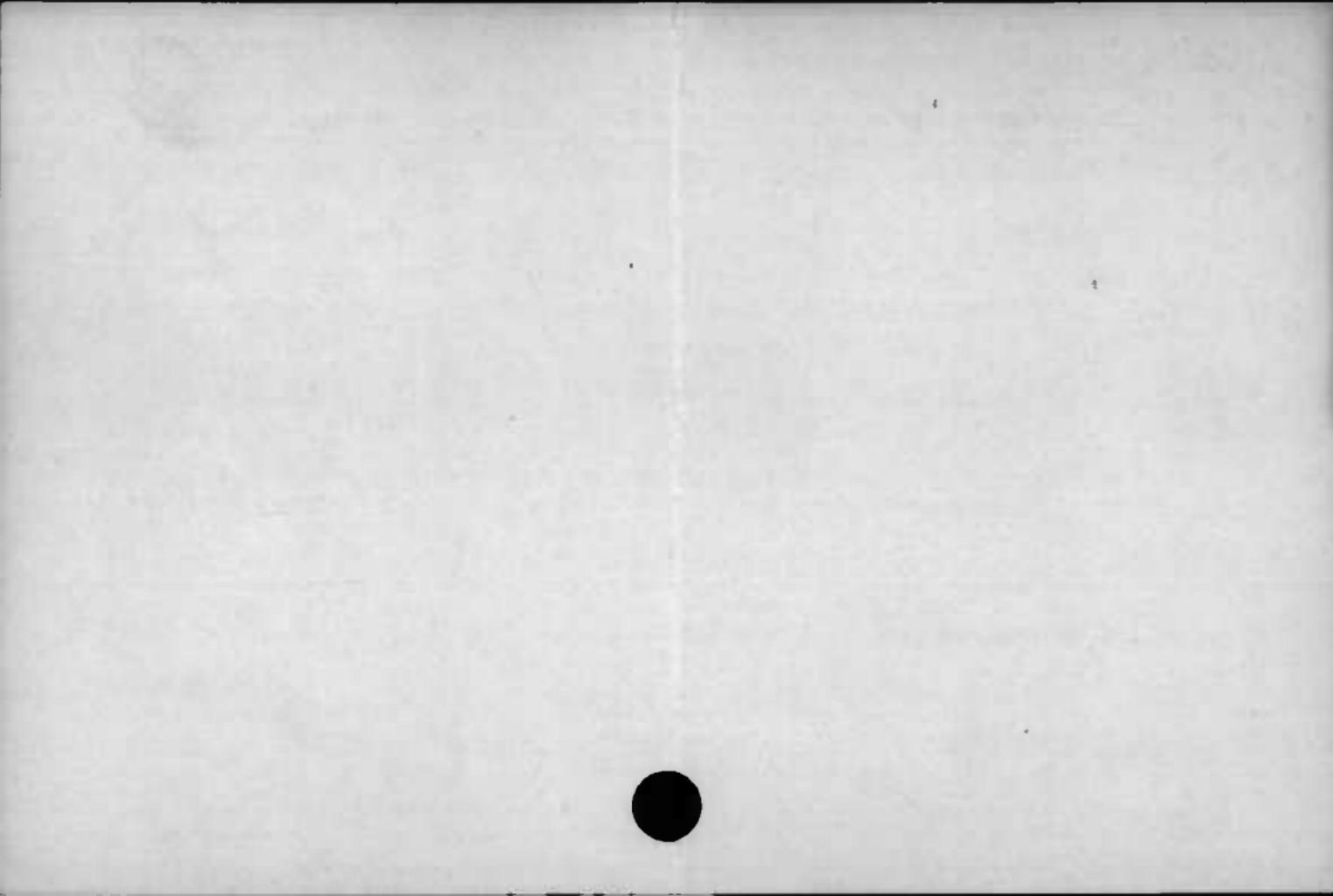
Signature of Physician

P. Hooper Lynch, M.D.
Valley Lee, Ind.

Address

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Jones Roach

Town

CERTIFICATE OF DEATH

MARYLAND

Died at

Ridge

County

St. Marys

Month

14

Years

74

Months

Days

Date

of death 190

7 Feb

Day

Age 74

Sex

Male

Color or
Race

white

Birth-
place

Md

Married, Single
or Widowed

Widowed

Occupation

Name of Wife or
Husband

Selma Roach

Father's
Birthplace

Md

Father's
Name

Dr Jones Roach

Mother's
Birthplace

Mother's
Maiden Name

Sonia Brown

How related
to deceased

Son

Name of person giving
Information

George Roach

154

CAUSES OF DEATH

Primary

Debility Senile

How long

6 months

Immediate

Exhaustion

How long

1 weeks

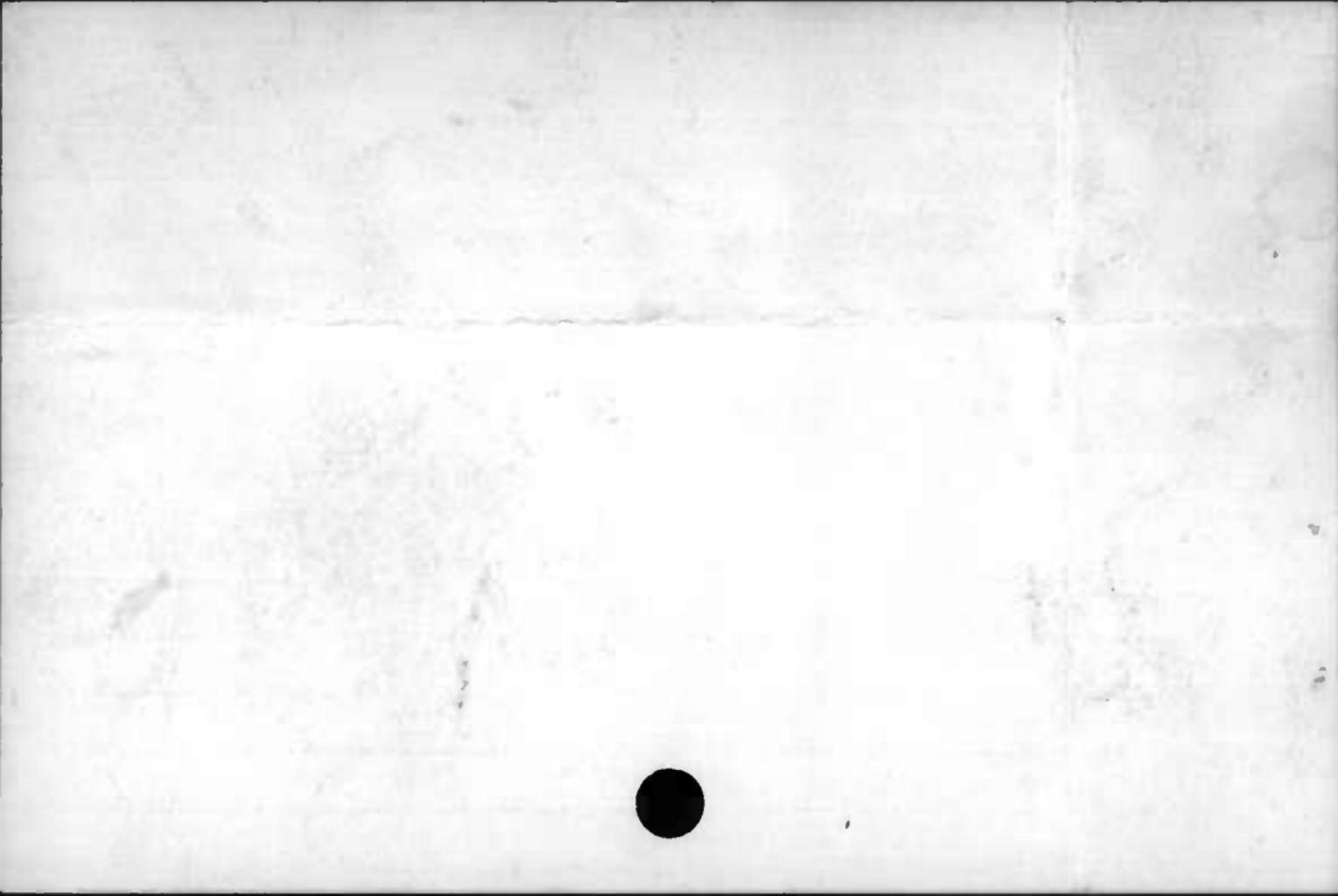
Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

P.S. Lloyd
Ridge Rd
St. Marys Md

Accident or Suicide?



Name
in
Full

Mrs Sam Stewart

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <u>Belmont</u>		Town	County <u>Baltimore</u>		MARYLAND	
Date of death <u>1907</u>	Month <u>Feb</u>	Day <u>29</u>	Years <u>28</u>	Age <u>28</u>	Months <u>-</u>	Days <u>-</u>
Sex <u>Female</u>	Color or Race <u>white</u>			Birth-place <u>Baltimore Co</u>		
Occupation <u>Keeper of house</u>	Where Residing if not at place of death					
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>J B Stewart</u>					
Father's Name <u>(Signature)</u>	Father's Birthplace <u>(Signature)</u>					
Mother's Maiden Name <u>(Signature)</u>	Mother's Birthplace <u>(Signature)</u>					
Name of person giving information <u>J P Belmont</u>	How related to deceased <u>Husband</u>					

CAUSES OF DEATH

Primary

Tuberculosis

27

How long

2 years

Immediate

Are the name, age, sex, color, date and place correctly given above?

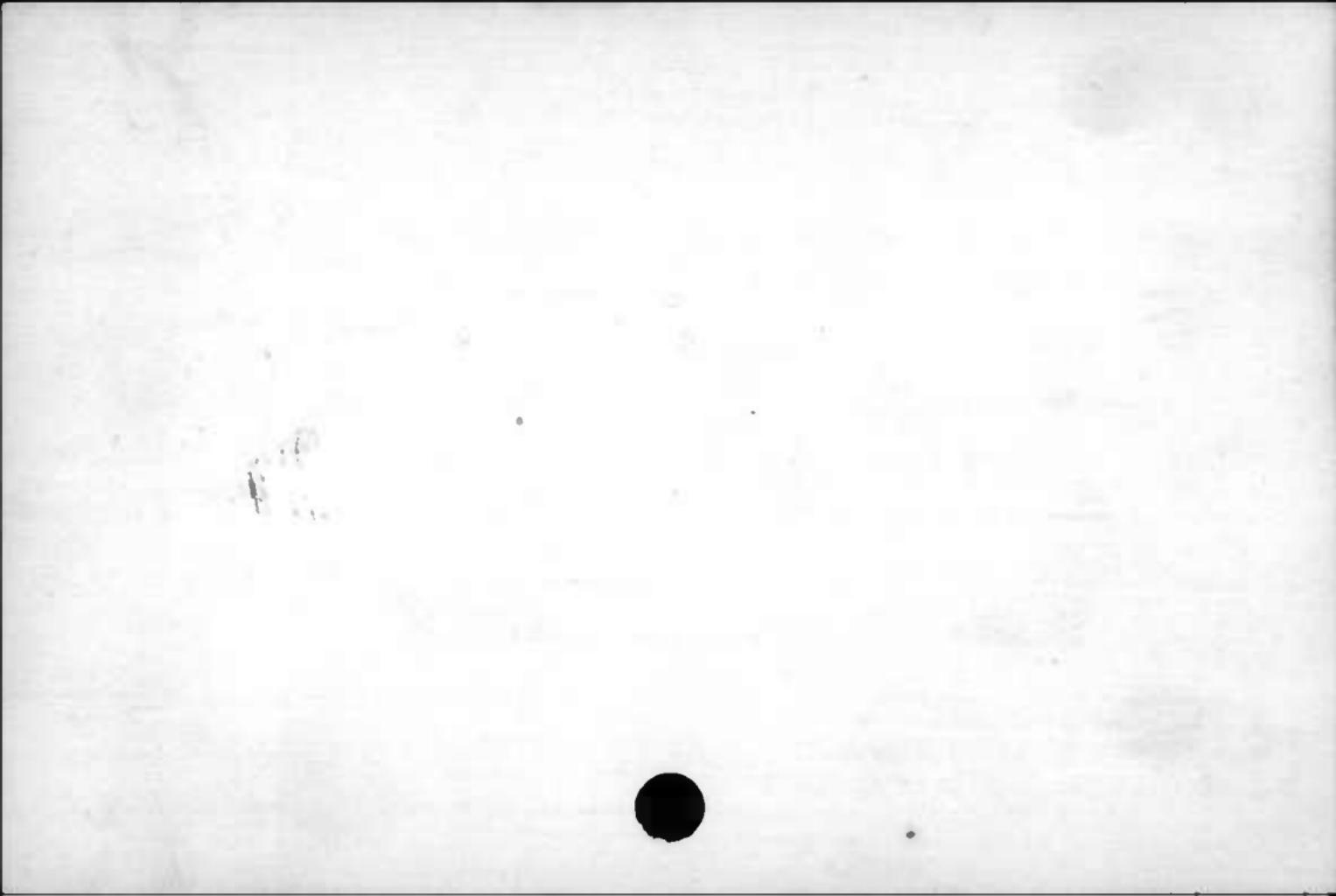
Signature of Physician

Address

The Great
Leonardtown

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

Mary Anna Thompson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	John Thompson			
Father's Name	Thomas Young			Father's Birthplace	md
Mother's Maiden Name	Adeline Mills			Mother's Birthplace	md
Name of person giving information	James P. Young			How related to deceased	Cousin
CAUSES OF DEATH					
Primary	Pulmonary Tuberculosis			How long	12 mos.
Immediate					

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

yes.

Signature of Physician

R. T. V. Palmer

Address

Palmer's md.

Accident or Suicide?



Name
in
Full

Mallie Lee Vanvaut

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Blakiston's Tones		Town	St. Mary's		County		MARYLAND	
Date of death	1907	Month 2	Day 22	Age ?	Years	Months 10	Days 01	
Sex	Female	Color or Race	white		Birth-place	Md.		
Occupation	—			Where Residing if not at place of death	—			
Married, Single or Widowed	—	Name of Wife or Husband	—			Father's Birthplace	Md.	
Father's Name	William W. Vanvaut			Mother's Birthplace	N.Y.			
Mother's Maiden Name	Aathella Martinez			How related to deceased	Halter			
Name of person giving Information	Wm. W. Vanvaut			78	How long	6 weeks		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Immediate

Endocarditis

Are the name, age, sex, color, date and place correctly given above?

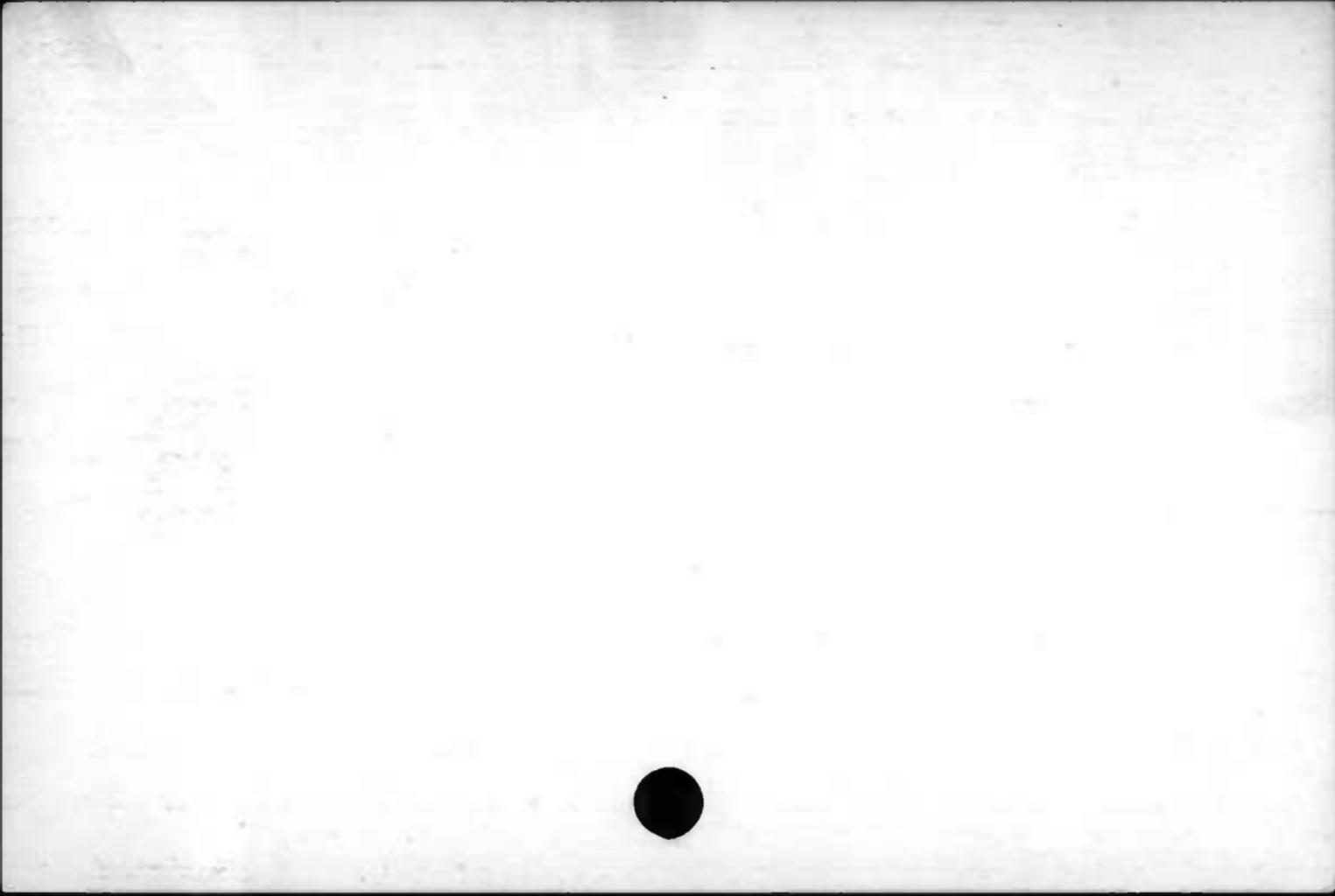
yes.

Signature of Physician

Address

R. V. Palmer
Palmer
Md.

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Marta Wallen

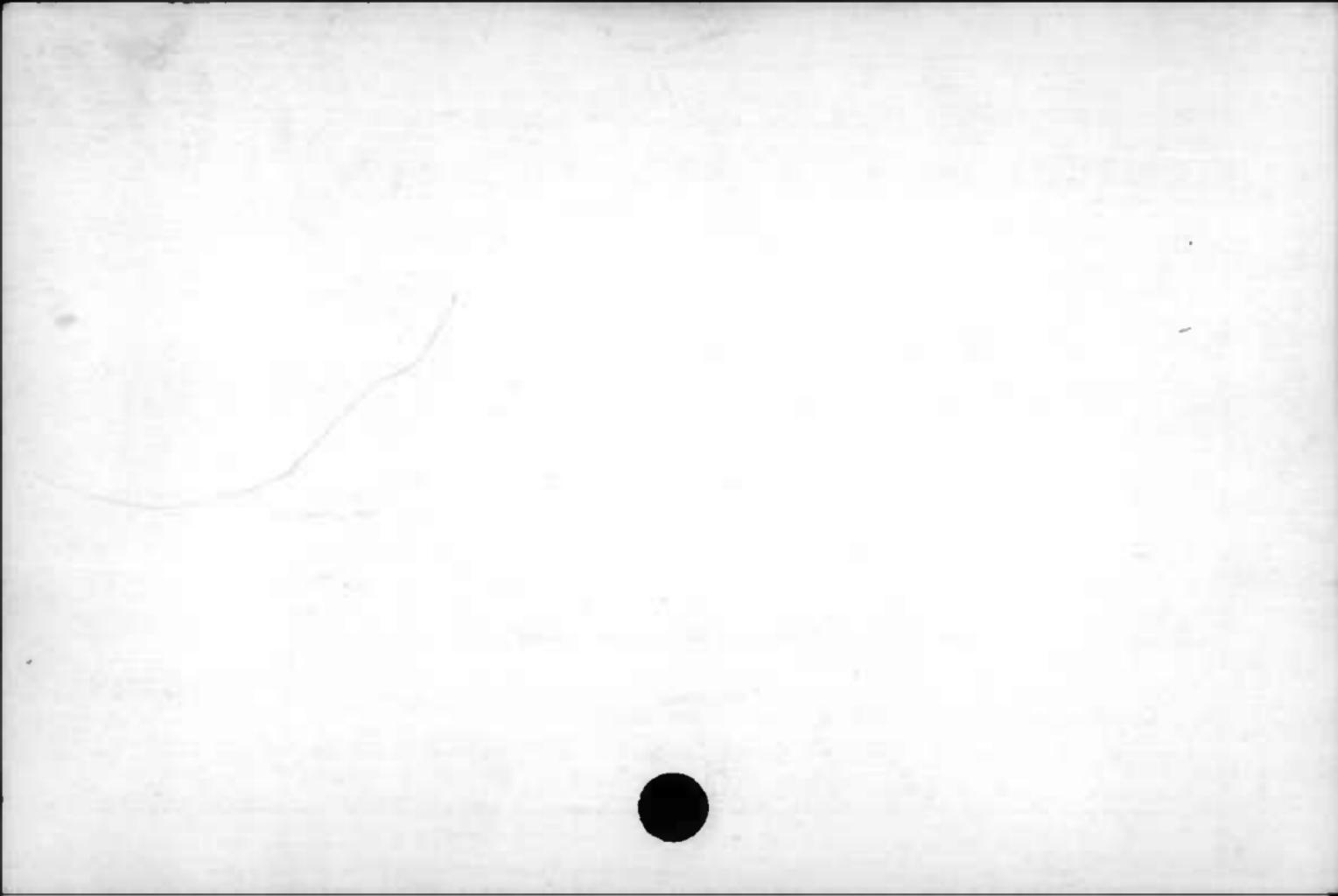
* CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND		
Date of death	1907	Month 2	Day 16	Years 19	Months	Days	
Sex	Female	Color or Race	White		Birth-place	Hyattsville	
Occupation	Housewife		Where Residing if not at place of death				
Married, Single or Widowed	Married	Name of Wife or Husband	Joseph Wallen		Father's Birthplace	Hyattsville	
Father's Name	W. W. Gattaw				Mother's Birthplace	Hyattsville	
Mother's Maiden Name	Do not know				How related to deceased	wife	
Name of person giving information	Her husband						

CAUSES OF DEATH

137

Primary	Pneumonia	
Immediate	Acute congestion of lung	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician
		Address
Accident or Suicide?		



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

James Walter Wiss

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Baltimore

Baltimore

Date
of death

1907

Month

2

Day

18

Years

Age 27

Months

-

Days

-

Sex

Male

Color or
Race

White

Birth-
place

Baltimore

Occupation

Blank

Where Residing if not
at place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's
Name

J. E. Wiss

Father's
Birthplace

Baltimore

Mother's
Maiden Name

Miss Maudie

Mother's
Birthplace

Baltimore

Name of person giving
Information

J. E. Wiss

How related
to deceased

Father

CAUSES OF DEATH

103

Primary

Ulcer of Stomach & Bowel

How long

3 weeks

Immediate

Exhaustion

How long

few hours

Are the name, age, sex, color, date
and place correctly given above?

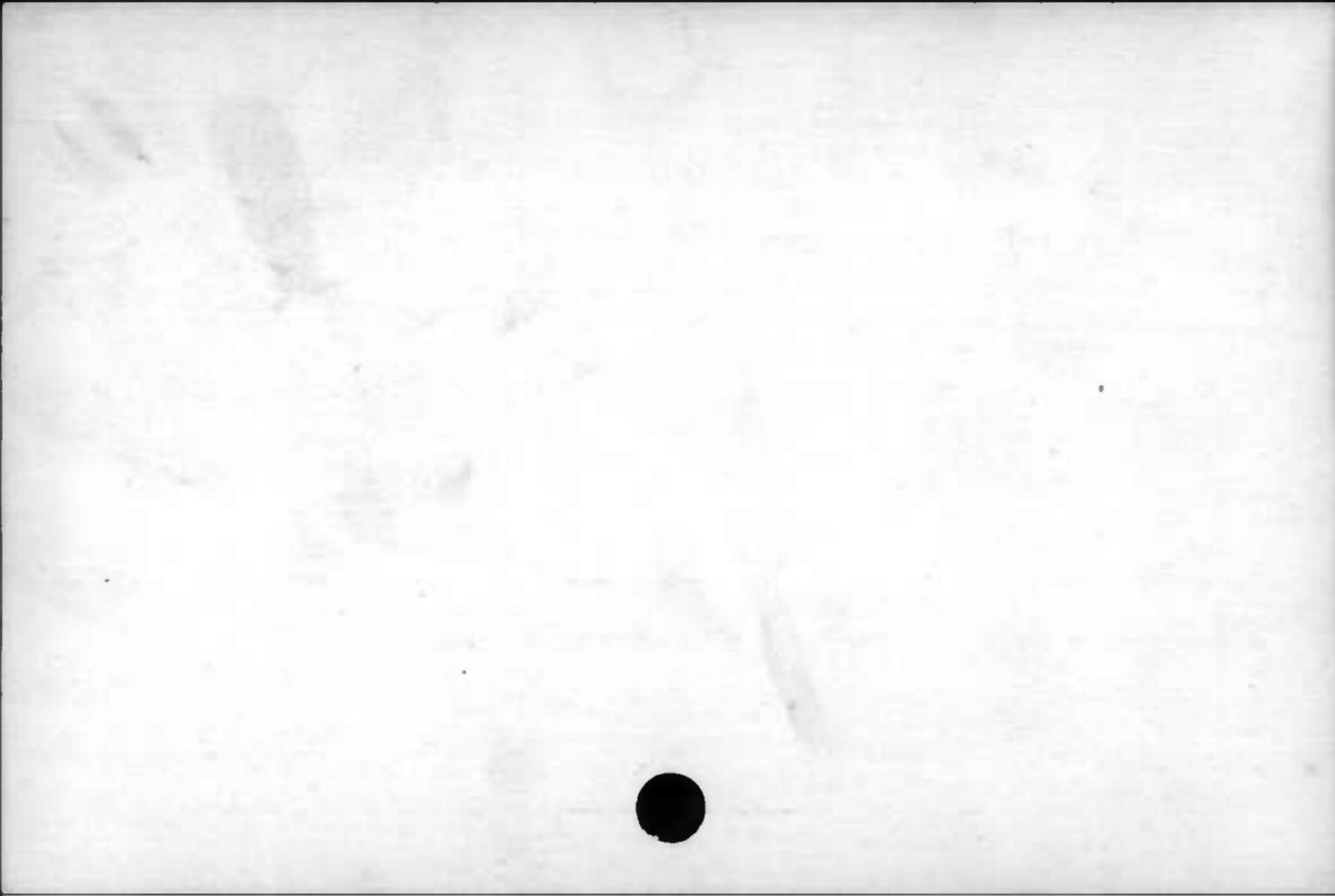
yes

Signature of
Physician

Address

H. S. Lynch
Leonardtown
Md

Accident or Suicide?



Name
in
Full

Philomena Stothere

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Years	Months	Days
Sex	Color or Race	Age	Birth-place	
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband			
Father's Name	Father's Birthplace			
Mother's Maiden Name	Mother's Birthplace			
Name of person giving information	How related to deceased			

1907 2 1 9 0

Female White Md.

James Railey Stothere

Fannie Knight

J. J. Hess

None

CAUSES OF DEATH

Primary

Pneumonia

93

How long

14 days

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

J. O. King.
Oakville Md.

PHYSICIAN
OR CORONER

Accident or Suicide?

